

Section VIII

Assistive Technology

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Introduction

Assistive technology is a mandated service within the First Steps Program. The program has allocated funds to provide assistive technology assessments, services and devices. To be eligible to access these services, the child must:

- Be enrolled in First Steps
- Have an assessed need for assistive technology devices and services
- Have their need for and use of assistive technology devices and services documented on their IFSP

Definition of Assistive Technology

According to the federal definition, an **assistive technology device** is “any item, piece of equipment or product system whether acquired commercially off the shelf, modified or customized, that is used to increase or improve the functional capabilities of children with disabilities” (PL 108-446).

To further this definition, an assistive technology device is required “only if it relates to the developmental needs of infants and toddlers served by the program” (PL 108-446). These needs would be determined on an individual basis through the IFSP.

Assistive technology services are defined as “any service that directly assists an individual with a disability in the selection, acquisition or use of an assistive technology device. Assistive technology services include:

- a. The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the infant/toddler’s natural environment; If the evaluation is not completed in the natural environment, the report should indicate the reason;
- b. Purchasing, leasing or otherwise providing for the acquisition of assistive technology devices for children with disabilities;
- c. Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing or replacing assistive technology devices;
- d. Coordinating and using other therapies, interventions or services with assistive technology devices;
- e. Training or technical assistance for a child with disabilities or, if appropriate, that child’s family;
- f. Training or technical assistance for professionals (including individuals providing early intervention services) or other individuals who provide services or who are otherwise substantially involved in the major life functions of individuals with disabilities” (PL 108-446).

*Typical equipment materials and supplies related to infants and toddlers that are utilized by all children and which require no special adaptations are not considered to be assistive technology devices. Examples of typical infant/toddler equipment, supplies and materials might include: clothing, diapers, toys, cribs, typical baby food and formula, typical bottles and dishes unless otherwise approved.

*Only equipment and devices that are developmentally and age appropriate will be financially covered through the First Steps Assistive Technology Program.

Assistive Technology Assessment

A transdisciplinary team should conduct assistive technology assessments. This team ideally should include the parent, service coordinator and assistive technology professionals approved as First Steps evaluation/assessment providers and other providers on the team. **It is strongly recommended that assistive technology devices be available during the assessment process for fitting and demonstration.** The parent(s) or caregivers of the child **must** be included in the assessment process. An assessment report per 911 KAR 2:130 Section 1(6)(a-f) shall be completed by the AT professional.

Assessment for assistive technology may occur as part of the initial evaluation when a child is referred to First Steps. However, assessment can take place at any other time while a child qualifies for First Steps services. **Best practice includes follow-up with the family, training team members and re-assessment as indicated by the initial assessor.**

What the Transdisciplinary team can gain from an Assistive Technology Assessment

- How can the child achieve more independence and control of his/her environment through the use of assistive technology? What are the specific barriers?
- What is not being accomplished through therapy that can be accomplished through the use and integration of assistive technology?
- How will assistive technology help the child achieve developmental and functional outcomes on the IFSP?
- Can this outcome be attained in another way using existing equipment or modifications of existing equipment or to the environment?
- Is there another way this need can be met?
- What are the projected outcomes if the child does not receive this device?
- How can this device fit into the family's lifestyle and have optimum functional and developmental impact on the child?
- What are the environmental considerations and problem-solving strategies necessary for the use of technology at home, in the community, and in other natural environments in which the child may function?

- What are the specific functional outcomes to improve the child's development that the assistive technology will help achieve?
- Did the recommendations for a particular device or characteristics of the type of assistive technology device include a team approach (parent, service coordinator, appropriate early intervention service provider, assistive technology specialist, etc.)?
- How does the assistive technology device address the current unmet needs of the child?
- Was the specific device tried out during the assessment or during a loan period to ensure the appropriateness of the device?
- Does the IFSP reflect specific strategies or activities on how the child and caregiver will be trained on the use of technology?

Qualifications of Personnel

In accordance with 911 KAR 2:150, the following qualifications for personnel to provide assistive technology assessments are:

Policy:

First Steps providers shall meet the qualifications specified in 911 KAR 2:150 and shall maintain documentation on file at their work site of those qualifications.

Procedures:

1. Licensed and/or certified professionals as identified in 911 KAR 2:150 shall maintain a copy, or proof of their degree and of the required license or certification.
 - Assistive technology specialists shall maintain on file at the work site the following: Documentation of extensive knowledge, training, and experience in the field of assistive technologies for infants and toddlers with disabilities.
 - Acceptable documentation may include:
 - i. A copy of the Assistive Technology Practitioner (ATP) certification issued by RESNA;
 - ii. Successful completion of written tests and portfolio entries if required by the Cabinet; or
 - iii. A degree or credential in assistive technology from another state which includes children birth through two years with disabilities
2. In lieu of meeting the qualifications for professionals as required by 911 KAR 2:150 (see number 1 above), a provider may submit documentation of employment by a state supported Assistive Technology Regional Resource Center, which is approved by the Cabinet to provide assistive technology services in First Steps. A list of First Steps approved assistive technology service providers (discipline code 32) is provided on page 22.

The team assessing the assistive technology needs should address the following and indicate their findings in the assessment report written by the assistive technology professional:

1. Developmental needs and functioning of the child: Consideration should be given to the child's developmental age and appropriateness of the assistive technology devices attaining outcomes that address the development and functioning of the child. These outcomes must be clearly stated on the IFSP and related to IFSP outcomes.
2. Assistive Technology Device options: Consideration should be given to whether outcomes can be accomplished through **existing resources** (household items, toys, or other items currently available in the home), loan programs or low-technology devices and other less intrusive options prior to progressing to high-technology equipment.
3. Needs of the child and family: Consideration should be given to devices that can fit easily into the family's lifestyle and will have the optimal functional and developmental impact on the child.
4. Use of assistive technology devices: Consideration should be given to devices that are needed to help achieve a specific functional outcome and are not therapeutically "nice to have." Assistive Technology devices should be used to achieve a functional outcome that will improve a child's development.
5. Proper recommendation for the device: Consideration should be given to using a team which includes the parent, service coordinator, and other early intervention service providers and the assistive technology specialist to ensure a common understanding of the recommendation for a particular device or characteristic of the type of assistive technology device.
6. Assessing current needs: Consideration should be given to recommend the most appropriate device for the child's current development. Because technology devices and the needs of children and their families change, devices should be used to enhance the child's **current development** and functioning and address **immediate needs**.
7. Use of loan devices: Checking out assistive technology devices from a lending library agency, when available, **is strongly recommended** for a 60-day trial to ensure the appropriateness of the device prior to purchase. If the device is not available for loan, and is on the approved funding list, it can be referred to an assistive technology purchasing agency to be purchased.
8. Training: The strategies listed on the IFSP must reflect how children and caregivers will be trained in the use of the assistive technology equipment.

*It should be emphasized that family members and/or caregivers must be involved in the delivery of assistive technology services from the very beginning—in the choice of adapted toys and equipment, in identifying functional activities in which to use assistive technology and choosing strategies to enhance the child's development.

Guidelines of an Assistive Technology Assessment Report

As a result of the assistive technology assessment, the following should be addressed in the report written by the assistive technology professional:

- Documentation of the infant/toddler's current unmet need(s);
- Documentation and description of specific barriers that might be addressed by the use of assistive technology;
- Documentation of the infant/toddler's present abilities and considerations of these abilities in relationship to use of a specific type of assistive technology;
- Documentation of the developmental consequences for the child if the assistive technology is not received;
- Documentation of the environmental considerations and problem-solving strategies necessary for the use of the technology at home, in the community and in other natural environments in which the child may function.

Following the Assistive Technology Assessment

As previously stated, additional training and continual follow-up may be needed. First Steps approved assistive technology providers may provide these services as an IFSP team member. The assistive technology professional shall attend the IFSP meeting to review the assessment report and discuss the needs of borrowing assistive technology from the local lending agency.

Required Documentation on the IFSP for Assistive Technology

The required documentation in an IFSP that includes assistive technology must include the following:

- The need for assistive technology as documented through the assessment process;
- The ways in which the use of assistive technology devices support the achievement of specific measurable outcomes and activities for the child and family written into the strategies for the outcomes;
- Methods and procedures for the use of assistive technology devices and how assistive technology services will be provided;
- Training required for the child, family and other service providers in the use of assistive technology devices;
- Number of assistive technology devices included on the CBIS summary sheet;
- Document the loan of the item, the length of the loan (required 60 days), and the lending library agency;
- Documentation shall be listed as strategies for the specific outcome that the assistive technology addresses.

If unsure if an item is appropriate, ask these questions:

Will this enable the child to do something they could not do without? (YES)

Is this something all children need and use? (NO)

Will it be detrimental to the child's development if they don't have this? (YES).

Assistive Technology Lending Library Procedures

The lending libraries were established to provide short-term loans of assistive technology for 60-day trial periods and to determine if the item is appropriate for the infant or toddler. If the item is appropriate for the child and it is determined the child will need the device for long-term use, the transdisciplinary team will recommend the purchase of the device at the end of the 60-day loan period. A device may be loaned to the family until the purchased device arrives.

Lending libraries contain the following types of items:

- Switches, standers, walker and adapted seats
- Augmentative communication devices
- Adapted toys
- Books, videos and other resources

A website offers a comprehensive listing of all assistive technology devices and adapted toys available at each of the lending libraries. Each record describes the item, highlights its intended use, provides vendor information, indicates the location and features a photo of the item. The website is:

www.wkatc.org/firststeps

Assistive technology equipment/devices may be borrowed for the following purposes:

- For a trial period with a particular device to determine prior to purchase if it is the most appropriate device to meet the needs of the infant or toddler;
- To provide an interim period of practice, training and use while awaiting delivery of a device that has been ordered;
- For short-term use as recommended by a qualified professional who believes the child's needs will change too quickly to warrant purchase of the device.

The loan program does not solve the need for long-term acquisition of the assistive technology device for the child. It can, however, aid the process of selection without costly investment in devices that may prove unsuitable for the child. **It is therefore strongly recommended that assistive technology devices be borrowed whenever possible prior to purchase.**

A fee for the loan of devices will be billed to CBIS. Fees are collected to defray the costs of maintaining the depository of assistive technologies in good working order. These payments are authorized on the CBIS IFSP Meeting-Summary Sheet Services Form.

When the IFSP team decides that assistive technology is needed to meet the developmental needs of the infant or toddler, the service coordinator, therapist, or other identified person on the IFSP team shall:

1. Look online at the First Steps Lending Library Database (www.wkatc.org/firststeps) to see if the item needed is in the lending library.
2. Contact the appropriate assistive technology center to see if the item is available for loan and make arrangements for the service coordinator or requesting therapist to pick up the equipment or arrange for shipping.
3. The person picking up the device shall sign a loan agreement which indicates the item number of the device, the name and description of the device, any accessories loaned with the device, the initial cost of the device, and the amount billed to First Steps.

*In some cases, training will be required on the use of the device prior to the loan.

Before the device is picked up/shipped, the service coordinator will provide the lending library agency with:

- Current IFSP that includes the outcomes section that addresses assistive technology.
- IFSP Assistive Technology Appendix page(s).
- Completed CBIS summary sheet that includes the number of assistive technology items borrowed.

The service coordinator is accountable for the return of the assistive technology device(s) to the lending library agency. Special arrangements can be made with the lending library agency for the return shipping of items. If a therapist picks up the device (or has it shipped) he/she shall keep the service coordinator informed about the location of the device.

Prior to the release of the assistive technology devices, two copies of a written loan agreement will be prepared by the lending library agency and signed by the service coordinator/therapist on behalf of the child, if the device is picked up from the lending library agency. The lending library agency will retain one copy and the other will be given to the person picking up the devices. The person picking up the device shall provide the copy of the loan agreement to the service coordinator for the inclusion in the child's record.

The operational condition of the device will be checked before and after the loan period. **It is important for service coordinator/therapist to understand the agreement includes returning the item at the end of the loan period.**

***Equipment is for the direct use of infants and toddlers in their homes and other natural environments. Equipment is not provided for the primary use of professionals/therapists in therapeutic sessions with infants and toddlers. Multiple devices for a single purpose may not be funded through First Steps. Families are urged to utilize loan library equipment prior to the selection of an appropriate assistive technology device.**

The IFSP team may choose to purchase the item if it is not available for loan.

Transfer of assistive technology devices between children in the First Steps System

Assistive technology devices belonging to the First Steps System (devices in the lending library or devices that have been purchased for children which do not have Medicaid) may not be transferred from one child to another. At the end of the use period for one child, the assistive technology device must be given back to a lending library agency prior to the loan of that device to another child. The service coordinator is accountable for the retrieval of assistive technology devices that have been loaned to a child or have been purchased through the First Steps system for a child that does not have Medicaid when the child no longer needs the device, turns 3, or leaves the Kentucky First Steps System.

Steps for Purchasing Assistive Technology Devices

1. The team should determine if the child needs an assistive technology assessment and make the referral (a team member may be qualified to recommend assistive technology).
2. Obtain assistive technology devices through a lending library agency, if available, for a 60-day trial. At the end of the 60-day trial, the team shall make a decision for purchase. The service coordinator shall notify the lending library agency and document the decision on the IFSP Assistive Technology Appendix page.
3. Since First Steps is the payer of last resort, consider other funding sources (private insurance or a provider who can bill Medicaid outside of the First Steps program).
4. If a single assistive technology device is more than \$500 or the device is not in the “Approved for Funding” list, the service coordinator shall send the request to the Assistive Technology Monitoring Committee (see Monitoring section) for approval.
5. The service coordinator is responsible for sending the following information to the purchasing agent, as listed on page 20:
 - a) Complete current IFSP, which includes the outcomes section that addresses assistive technology and the CBIS summary sheet that indicates assistive technology devices and the purchasing/lending agency. Make sure you include the Assistive Technology Appendix page(s) of the IFSP

- b) Specific ordering information for the item being ordered including vendor name and address, item name, size, catalog number and price.
- c) Information on where to ship the assistive technology (family, therapist, or service coordinator)

***When writing the justification for assistive technology, do not describe what the device does but what it will enable the child to do.**

6. When the purchasing agent receives the ordered assistive technology, it may be:

- a) Picked up: The service coordinator, therapist or family may pick up the purchased assistive technology. If picked up by the service coordinator or therapist, they are responsible for the assistive technology until the family receives it.
- b) Shipped: Assistive technology may be shipped to the family, therapist or service coordinator.

Assistive Technology Approved for Funding by First Steps

Category	Item	Example (not all inclusive)
<u>Positioning</u>	Adapted seats and trays	Tumbleforms Feeder Seat Feeder Seat Tray MSS Tilt and Recline Chair Rifton Toddler Chair Kaye Corner Chair
	Standers	Tristander Embrace Stander
	Pediatric positioning devices	Deluxe Strap Wedge Tadpole Versa Form Pillow (and accessories) Movin Sit Jr.
	Bath chair	Rifton Blue Wave Bath Chair
<u>Mobility</u>	Walkers	Kaye Reverse Walker
	Crawlers	Creepster Crawler
	Gait trainers	Pacer Gait Trainer
	Canes	Quad Canes
<u>Augmentative Communication</u>	Single message speech generating devices	BigMack
	Multiple message speech generating device	Cheap Talk
	Multiple level (step) speech generating device	Step by Step Communicator Super Talker
	Low-tech AAC devices/materials	Clock communicator Eyegaze board Choice board PECS Go Board
<u>Education/Access</u>	Learning tools	Bookworm
	Switches and accessories (switch mounts and battery adapters)	Jellybean Big Red Switch Ultimate Switch Slim Armstrong
	Environmental control	Powerlink Switch Latch Timer
	Adapted tape/cd players	
	Adapted toys	GG Giraffe

		Hearing Impaired Busy Box
	Computer access and adapted software	Touchwindow Intellikeys Adapted mouse Keyguard Talk Time with Tucker
<u>Sensory</u>	Light box and accessories	APH Mini Light Box
	Weighted vests, weighted blankets, pressure vests	Go Fish Vest
	Sign language books and videos	
	Hearing aids	Refer to CCSHCN first; if not eligible for CCSHCN, First Steps will pay up to Medicaid Rates
<u>Daily Living</u>	<u>Adapted</u> feeding utensils	Maroon spoons (designed for babies with poor lip closure, oral hyper-sensitivity or tongue thrust) Nosey cups Haberman feeders (designed for babies with cleft palate)

Assistive Technology NOT Considered for Funding

The following are examples of items that **are not considered fundable** assistive technology by First Steps.

- **Equipment or medical supplies that are prescribed by a physician for medical purposes not directly related to a child's developmental needs. There are other resources outside First Steps that should be considered to purchase these items.** Examples include medical equipment such as syringes, heart monitors, respirators, suction machines, feeding pumps, nebulizers, ventilators, and apnea monitors which are life sustaining or would be needed by any child to maintain his/her health. Other items **that are not approved** for purchase include wheelchairs, splints, AFOs and braces, helmets and eyeglasses.
- **Toys which are not adapted.** Examples include items such as dolls, puzzles, building blocks, balls, activity centers, mouthy toys, chew tubes, echo mikes, shape sorters, riding toys, stuffed animals, mobiles, trampolines and other common play materials that are used by all children and are not specifically designed or adapted to increase, maintain, or improve the functional capabilities of children with disabilities.
- **Generic items typically needed and used by all children.** Common child items such as car seats, high chairs, youth beds, play tables, bath seats (for children under 8 months of age), boppy pillows (for infants under 6 months of age), infant swings, potty chairs, strollers, tricycles or other items which are typically needed and used by all children are not considered assistive technology devices funded by First Steps. Other items that are typically used by all infants and toddlers that are not fundable by First Steps include pacifiers, toothbrushes, teethingers, straws, massagers, music tapes, and swim rings/aids.
- **Standard equipment used by service providers in the delivery of early intervention services (regardless of the service setting).** Examples include tables, desks, chairs, therapy balls of any type, physio rolls, therapy benches, therapy mats, vestibular swings, gait ladders, horn kits, massagers, brushes, trampolines (adapted and unadapted), scooter boards, support bars and Vital Sounds CD and headphones. The cost of these types of supplies, equipment and materials needed in the provision of a service is included in the rates established by First Steps.

Assistive Technology Monitoring

A statewide monitoring process is important to assess the appropriateness of requested assistive technology devices for meeting the ***developmental needs*** of infants and toddlers within the First Steps program. ***Developmental needs*** will be based on an appropriate transdisciplinary assessment and included on the IFSP. The monitoring process will be utilized to review the assistive technology device request in the following situations:

- All requests in which a single item exceeds \$500
- Devices not currently on the “Approved for Funding” list

Procedure

Step 1. All monitoring requests are to be sent to

Monitoring Coordinator
EnTECH
851 South 4th Street
Louisville KY 40203

with the following information:

- Letter from the service coordinator which indicates the monitoring request, service coordinator’s contact information (mailing address, e-mail address and phone number); a statement indicating whether a trial period with the equipment/device has taken place; a statement saying that the service has explored other funding options. Refer to the First Steps Monitoring Request form letter.
- Current **complete** IFSP – including the Assistive Technology Appendix page(s)

Transition and Assistive Technology

The transition meeting is a very important meeting. Decisions regarding the future outcomes for a child are determined at this meeting including what the educational programming for a child will be once he/she reaches three years old. It is also important to discuss and outline the child’s assistive technology needs.

Questions to be Asked During Transition

- Has assistive technology been considered in my child’s IFSP and transition plan?
- Is there a representative that can help us take advantage of available resources, preschools and assistive technology?
- How will assistive technology be returned to the system?

At transition the following can occur:

1. Equipment can be kept by the child if purchased with Medicaid, KCHIP or private insurance;
or
2. Purchased by the family or next program setting at a depreciated cost outlined by the Cabinet, either by lump payment or monthly payment (see Depreciation section);
or
3. Returned to the nearest loan library.

Assistive technology devices purchased through First Steps for children who ARE Medicaid eligible belong to the family and may be donated back to First Steps at any time the parents wish. In either case, discussion regarding a smooth transition between programs and the assistive technology needs of the child should be outlined during this meeting and written into the transition IFSP.

Assistive technology devices purchased through First Steps for children who are NOT Medicaid are property of First Steps and shall be returned to the nearest lending library agency (See list on page 19) when the child is no longer in need of the item or in conjunction with the child's transition from services on or near the third birthday

OR

Assistive technology devices purchased with First Steps funds may be purchased at a depreciated cost by the family or another agency (see Depreciation section of this document).

The First Steps service coordinator is accountable for the retrieval of the assistive technology devices purchased by First Steps and returning it to the loan system when the child transitions from the program or when the child no longer needs the device(s) (which ever comes first). Therapists who utilize the device with the child/family are responsible for keeping the service coordinator informed about the location of the device(s).

Assistive technology equipment does not have to be returned in the following cases:

- If it is purchased by Medicaid or private insurance
- If it is purchased by a First Steps assistive technology purchasing agency and the child has Medicaid
- If it is an item that should not be loaned to others for sanitary reasons such as a bath chair, adapted feeding utensils, boppy pillows, weighted blanket, etc.
- If the equipment is no longer usable it must be documented on the IFSP by the service coordinator before discarding.

Steps for the transition planning meeting as it relates to assistive technology:

- A transition plan must occur at least 90 days and up to 6 months prior to the child's third birthday. The plan must include how a non-Medicaid child will obtain needed assistive technology from a loan or purchase by another source. The plan must also include how a Medicaid child will secure the assistive technology device in the next environment if the device is on loan through one of the assistive technology centers.
- The Service Coordinator is accountable for the return of any assistive technology devices to the system after the child's transition.

It is the responsibility of the Service Coordinator to provide documentation on the IFSP Assistive Technology Appendix Review Section as to why any assistive technology device is not returned to First Steps. A copy of this form is to be mailed to the purchasing or lending library agency.

Acceptable documentation on the IFSP Assistive Technology Appendix page for not returning the device can include:

- If it is purchased by Medicaid or private insurance
- If it is an item that should not be loaned to others for sanitary reasons such as a bath chair, adapted feeding utensils, boppy pillows, weighted blankets, etc.
- If the device is no longer usable it must be documented on the IFSP by the service coordinator before discarding.

Depreciation Policy

First Steps Service Coordinators are accountable for the return of the assistive technology device that has been purchased by First Steps to a lending library agency when a child turns three or leaves the Kentucky First Steps System.

If the assistive technology device(s) is still appropriate and needed for the child after the transition phase, then arrangements to sell the device(s) at a reduced, depreciated cost may be made or loan arrangements with monthly fee billed to the covering agency can be made.

The following factors were considered when developing a depreciation policy:

- Rapid change of technology
- Device durability
- Initial purchase price of the device

There are three categories of assistive technology devices:

1. Devices under \$500 with a useful life of 3 years
2. Devices over \$500 with a useful life of 5 years (unless it is fragile equipment)
3. Fragile devices over \$500 with a useful life of 3 years

****If a service coordinator needs assistance calculating the depreciated cost of assistive technology devices, please contact the initial purchasing agency or a member of the assistive technology technical assistance team as stated on page 20.**

Depreciation is figured by dividing the purchase price by number of years of useful life and then multiplying the amount of depreciation by number of years the child used the device. The current purchase price is then determined by subtracting the amount of depreciation from the initial purchase price.

Initial purchase price ÷ 3 or 5 = _____ x number of years used = depreciated amount

Initial price - depreciated amount = cost to family

Examples:

1. Devices under \$500 with a useful life of 3 years:

Sample calculation: John is turning three. A feeder seat was purchased for him with First Steps as the payer; the price was \$300. John used the seat one year. The feeder seat has a useful life of three years. The cost to the family would be \$200.

$\$300 \text{ (original purchase price)} \div 3 \text{ (years of useful life)} = \$100 \text{ depreciation per year used}$
 $\$300 \text{ (original purchase price)} - \$100 \text{ (depreciation per year)} = \200
(purchase price to family)

2. Devices over \$500 with a useful life of 5 years:

Sample calculation: Madison is transitioning and her family wants to purchase the stander she is using. Her stander originally cost \$600 when purchased. She has used it for 2 years. The cost to the family would be \$360.

$\$600 \text{ (original purchase price)} \div 5 \text{ (years of useful life)} = \$120 \text{ depreciation per year used}$
 $\$600 \text{ (original purchase price)} - \$240 \text{ (depreciation per year} \times 2 \text{ years)} = \360
(purchase price to family)

3. Devices considered fragile with a useful life of 3 years:

Sample Calculation: Justin is approaching his third birthday. He has a touch window for his family's computer that was purchased by First Steps. It cost \$400 when purchased. Justin has used it 15 months. The touch window has a useful life of 3 years.

$\$400 \text{ (original purchase price)} \div 3 \text{ (years of useful life)} = \$133 \text{ depreciation per year used}$
 $\$133 \div 12 \text{ months} = \$11.11 \text{ per month of use}$
 $\$11.11 \times 16 \text{ months (amount of time used)} = \165
 $\$400 \text{ (original purchase price)} - \$165 \text{ (depreciation)} = \235
(purchase price to family)

Once the depreciated cost has been calculated by the service coordinator (with assistance from the assistive technology technical assistance team if needed), the IFSP team writes the payment arrangements (lump sum or payment plan) as a strategy on the IFSP. (For example: "family will make 6 monthly payments of \$35.00 - family will indicate on the check memo what the payment is for)

- The service coordinator shall send a copy of the strategy with the family/child identification information to the First Steps Financial Administrator.
- The family is responsible for making timely payments (bills will not be sent)
- If the family must be billed to get reimbursement from another source, the IFSP team must include the need for bills to be sent as a part of the strategy on the IFSP with a copy sent to the First Steps Financial Administrator. Otherwise, no bills will be sent.

If the family or another funding source (school system) wishes to purchase AT, checks should be made payable to the Kentucky State Treasurer and mailed to:

**First Steps Financial Administrator
Department for Public Health/ACHI
275 East Main Street, HS2W-C
Frankfort, KY 40621**

Assistive Technology Technical Assistance Team

Technical assistance for First Steps service providers related to assistive technology is available through two assistive technology regional centers. These centers offer technical support to service providers about all assistive technology issues, assistive technology assessments, training and equipment loans. The two centers have a professional staff with specific expertise in assistive technology and augmentative communication. Personnel and parents are encouraged to contact these centers for information and assistance.

Enabling Technologies of Kentuckiana (enTECH)

851 S. 4th Street
Louisville, KY 40203
Phone 502 992-2448
Toll Free 800 896-8941 ext. 2648
Fax: 502 585-7104
E-mail: entechky@bellsouth.net

Western Kentucky Assistive Technology Consortium (WKATC)

Wendell Foster's Campus for Developmental Disabilities
815 Triplett Street
PO Box 1668
Owensboro, KY 42302-1668
Phone: (270) 852-1419
Toll Free:
Fax: (270) 852-1491
Web: www.wkatc.org

Assistive Technology Lending Library Agencies

Bluegrass Technology Center (BTC)
961 Beasley Street, Suite 103A
Lexington, KY 40505
Phone: (859) 294-4343
Toll Free: (800) 209-7767
Fax: (859) 294-0704
E-mail: office@bluegrass-tech.org
Web: www.bluegrass-tech.org

Enabling Technologies of Kentuckiana (enTECH)
851 S. 4th Street
Louisville, KY 40203
Phone: (502) 992-2448
Toll Free: (800) 896-8941 ext. 2648
Fax: (502) 585-7104
E-mail: entechky@bellsouth.net

Redwood Assistive Technology Center
71 Orphanage Road
Ft. Mitchell, KY 41017
Phone: (859) 331-0880
Toll Free: (800) 728-9807
Fax: (859) 331-6177
Web: www.redwoodrehab.org

Western Kentucky Assistive Technology Consortium (WKATC)
Wendell Foster's Campus for Developmental Disabilities
815 Triplett Street
PO Box 1668
Owensboro, KY 42302-1668
Phone: (270) 852-1419
Toll Free:
Fax: (270) 852-1491
Web: www.wkatc.org

Assistive Technology Purchasing Agencies

Bluegrass Technology Center (BTC)
961 Beasley Street, Suite 103A
Lexington, KY 40505
Phone: (859) 294-4343
Toll Free: (800) 209-7767
Fax: (859) 294-0704
E-mail: office@bluegrass-tech.org
Web: www.bluegrass-tech.org

Enabling Technologies of Kentuckiana (enTECH)
851 S. 4th Street
Louisville, KY 40203
Phone: (502) 992-2448
Toll Free: (800) 896-8941 ext. 2648
Fax: (502) 585-7104
E-mail: entechky@bellsouth.net

Louisville Deaf Oral School
Administration Building
115 East Kentucky Street
Louisville, KY 40203
Phone: 502-331-0880

****Purchases only for Amplification equipment including hearing aids and accessories**

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Ft. Mitchell, KY 41017
Phone: (859) 331-0880
Toll Free: (800) 728-9807
Fax: (859) 331-6177
Web: www.redwoodrehab.org

Seven Counties Services
3717 Taylorsville Rd.
Louisville, KY 40220
Phone: (502) 459-5292
Fax: (502) 451-7635

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Fax: (270) 852-1491
Web: www.wkatc.org

Assistive Technology Service Providers

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Toll Free: (800) 209-7767

Fax: (859) 294-0704

E-mail: office@bluegrass-tech.org

Web: www.bluegrass-tech.org

**Assessments and intervention in all areas

Enabling Technologies of Kentuckiana (enTECH)

851 S. 4th Street

Louisville, KY 40203

Phone: (502) 992-2448

Toll Free: (800) 896-8941 ext. 2648

Fax: (502) 585-7104

E-mail: entechky@bellsouth.net

**Assessments and intervention in all areas

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Ft. Mitchell, KY 41017

Phone: (859) 331-0880

Toll Free: (800) 728-9807

Fax: (859) 331-6177

Web: www.redwoodrehab.org

**Assessments and intervention in all areas; Specializing in Communication and Computer Access

Western Kentucky Assistive Technology Consortium (WKATC)

Wendell Foster's Campus for Developmental Disabilities

815 Triplett Street

PO Box 1668

Owensboro, KY 42302-1668

Phone: (270) 852-1419

Toll Free:

Fax: (270) 852-1491

Web: www.wkatc.org

**Assessments and intervention in all areas

Louisville Deaf Oral School
Administration Building
115 East Kentucky Street
Louisville, KY 40203

Phone: (502) 515-3320

**Assessments for children with hearing impairments only